



NEW HIRE APPRAISAL FOR OTHER THAN MERIT EMPLOYEES
State Form 53741 (10-08)

This optional form can be used to evaluate employee performance during the first six months of employment.

Name of Employee	Employee ID Number/Last 4 Digits of SSN
Class Title/Class Code	Division
Name of Supervisor	Review Period From _____ to _____

RATING SCALE	
• Meets Expectations:	Consistently meets the requirements of the job in all aspects
• Does Not Meet Expectations:	Does not meet the minimum standards of performance

COMPETENCIES	
1.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations
2.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations
3.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations
4.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations
5.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations
6.	
Results:	Rating <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations

PERFORMANCE REVIEW SUMMARY
Overall Rating: <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does Not Meet Expectations - Termination Effective Date: _____

ADDITIONAL COMMENTS

CERTIFICATION			
I hereby certify that this report constitutes an accurate evaluation using my best judgment of the service performed by this employee for the review period.			
Signature of Evaluator	Signature of Reviewer	Signature of Appointing Authority	Date (month, day, year)
I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the rating.			
Signature of Employee			Date (month, day, year)